

**STATE HIV TARGETED PREVENTION  
CONTINUATION RFP APPLICATION CHECKLIST**

**Legal Name of Applicant** \_\_\_\_\_

**INSTRUCTIONS:** This checklist must be completed and submitted with the original application. It is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted.

**Application Content**

	Included	N/A
A. Application for Financial Assistance form with proper signature and date	_____	_____
B. Table of Contents	_____	_____
C. Application Checklist	_____	_____
D. Contact Person Information	_____	_____
E. Workplan Narrative & Chart	_____	_____
F. Performance Measures and Chart	_____	_____
G. Performance Measures Summary	_____	_____
H. Financial Information	_____	_____
1. Budget Summary Form	_____	_____
2. Categorical Budget Justification	_____	_____
3. Personnel Form	_____	_____
4. Indirect Cost Budget Category Detail Form	_____	_____
5. Justification for Equipment Purchase Form	_____	_____
6. Equipment List	_____	_____
I. Other Required Forms and Documentation		
1. Historically Underutilized Businesses (HUB) forms	_____	_____
2. Disclosure of Lobbying Activities	_____	_____
3. Nonprofit Board of Directors and Executive Board of Directors Assurances	_____	_____
4. TDH Assurances and Certifications	_____	_____
5. Contents of AIDS Related Materials Assurances	_____	_____
6. HIV Contractor Assurances	_____	_____
7. Memorandum of Understanding	_____	_____

\_\_\_\_\_**ORIGINAL AND ONE COPY ARE ENCLOSED**  
 \_\_\_\_\_**ONE COPY OF APPLICATION HAS BEEN SUBMITTED  
TO REGIONAL STAFF**